COMPLAINT PROCEDURES

- 1. Complaints must be typed; if not they will be returned.
- 2. Give the full names and address of the licensee and/or establishment (respondents) your complaint is against.
- 3. State facts clearly and briefly.
- 4. Individuals wishing to attest to or verify your complaint may submit an affidavit. The affidavit must be signed and notarized. (It must also be typed).
- 5. Give exact dates or be as accurate as possible.
- 6. If complaints result in formal hearings, complainants, as well as other named witnesses are expected to attend.

After the complaint is received in the Board office, a certified letter, including a copy of the complaint, is sent to the respondent. The respondent has 15 days from the date of receipt to respond to the Board, in writing. Failure to respond to the complaint in the allotted 15 days, is a violation.

At the next scheduled Board meeting, following the receipt of the Answer, the Complaint and Answer are reviewed by the Board and the Boards Counsel for a determination as to evidence of violations.

If it is determined that there is sufficient evidence to indicate violations, a Hearing date is set. If the Board determines that there are no violations, the Complainants is dismissed. In any event, both the Complainants and Respondent will be notified as to the Boards actions.

ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS 101 EAST CAPITOL, SUITE 113 LITTLE ROCK, AR 72201

(501) 582-0574 / FAX: (501) 682-0575

COMPLAINT / ANSWER FORM

Instructions:

- 1. Type Only
- 2. Give full name and address of the licensees/establishment your complaint is against.
- 3. State facts briefly and clearly.
- 4. Give names, addresses and phone numbers of all persons who will confirm all or part of your allegations.
- 5. Give exact dates. If not known, be as accurate as possible.

Complainant Name	Address	City	State	Zip
Respondent Name	Address	City	State	Zip
	AFFII	DAVIT		
State Of				
County Of	<u> </u>			
l, Name of Complainant or Respondent	, bo	eing first duly sworn depos	ses and states	that
	O\	/ER		

	Signed	ant / Respondent
Subscribed and sworn before me this	Day of	Year of
	Signed	Notary Public
Seal		
My Commission Expires:		

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH ON A SEPARATE SHEET OF PAPER.
ADDITIONALY, PLEASE INCLUDE A LIST OF NAMES, WITH ADDRESSES AND PHONE
NUMBERS, OF PERSONS THAT CAN CONFIRM ALL OR PART OF YOUR FOREGOING
STATEMENT.